

sistants. There are also in the unit two dentists skilled in oral surgery, fifty nurses, twenty-five volunteer nurses' aids, 150 male personnel and 15 employees. Various other volunteer assistants may be attached.

The hospital unit is designed to supplement established military hospitals. Sections of these units may be assigned to other sanitary organizations where need arises. The hospital unit consists of a director, a surgical chief and four staff surgeons, a medical chief and four staff physicians, a head nurse and twenty nurses, and three clerks who may be women.

The surgical section unit is intended to reinforce the operating staffs of military hospitals in time of emergency. This unit consists of a director, three surgeons, one head nurse and six nurses, two orderlies and a recorder who must be a stenographer. There is an emergency nurses' detachment to meet sudden calls for assistance from the regular sanitary services for duty in any emergency requiring nurses. This detachment consists of a head nurse who is one of a group of ten nurses.

The sanitary training detachment is organized to train men for duty in the enlisted medical corps at the front and in the line of communications. It includes a commandant with assistant, quartermaster, pharmacist, five section chiefs, four mechanics, four carpenters, two cooks, two clerks and forty privates. The two first named officers are physicians. The information section is designed to record and report names, addresses, physical condition and other data of patients and prisoners. Refreshment units are enrolled for the purpose of furnishing refreshments to troops in transit, and to patients and convalescents at stopping points en route. Supply depot units are intended to care for Red Cross supply depots. Red Cross general hospitals are also organized in the home country to be taken over by the military establishment in case of need. Finally there is a division concerned with providing homes for convalescents.

Surely no physician can escape the conviction that if his place is not with the fighting forces, then there is some place open to him in this varied organization which he should lose no time in occupying. This is a time for every man to do his bit and his best bit. Above all it is the time for physicians to enroll in their country's service, if not abroad, then without fail at home. No one is exempt from the obligation of this service.

### THE ALCOHOL QUESTION.

#### III. Alcohol a Public Health Problem.

All proponents of our western type of civilization are agreed on the elemental importance of disease prevention. This is not true of Oriental civilizations. We therefore consider that man out of sympathy with our type of civilization who does not accept the obligation of disease prevention as axiomatic. We may not remain sane and civilized, and think otherwise. It follows in order that the strifes and contentious bitterness which have signalized the advancing art of preventive medicine, must have arisen from variant interpretations of ways and

means for fostering public health, which is the epitome of preventive medicine. Whether we believe that disease is error of mind alone, or whether we accept the theory of specific germs in its totality, we do, all of us, assume the initial premise that disease should be prevented, and each in his several way seeks the advantage of that intangible thing we call the public health.

If then contention arises solely from differing judgment of ways and means, it would seem inevitable that, provided a certain method gave definite evidence of successfully advancing the cause of public health, it should and would receive hearty support from every member of our western civilization. And any who oppose such a method would thereby declare themselves in the category of those who are not in sympathy with the ideals of our civilization. If, finally, alcohol as a beverage can be demonstrated inimicable to public health in a large degree, and if no confiscation of invested capital is permitted during its eradication, surely its eradication must command the hearty support of all who do not fall in the category above named.

It remains then to decide whether alcohol has a public health relationship, and if it has, whether it is beneficial or adverse to the public health in any large degree. Only with this decision made, are we ready logically to take action. And if alcohol cannot prove itself a distinct advantage to the cause of public health and the advancement of civilization, and if, moreover, there is irreproachable evidence of its deleterious influence, then we can but logically demand its complete elimination.

Diseases may be classified roughly as communicable, industrial and degenerative or constitutional. It is not necessary in the year 1917 to demonstrate the enormous evidence that predisposition to infectious diseases increases with the use of alcohol. Bacteriology has spent a herculean labor in elucidating the specificity, properties, virulence and favoring environment of bacteria. Only recently have we begun to attack those infinitely more abstruse problems of predisposition and resistance to infection. What may eventuate from the hypotheses of today, no man can say. This much we know, however, by induction from an overwhelming mass of data. Alcohol renders the tissue soil more susceptible to bacterial invasion.

The relation of alcohol to industrial disease and accident is equally well established. Due to its physiological action which has been discussed in a former editorial, it favors and predisposes to casualty. Brickley<sup>1</sup> summarized a study of 40,000 patients per year treated in the Haymarket Relief Station in Boston, as follows: Alcohol causes accidents, obscures diagnosis, increases liability to infection at time of accident, prevents adequate treatment, increases danger of complications, retards repair, gives poorer end results, and increases mortality from accident. Haven Emerson<sup>2</sup> says that alcohol increases susceptibility to metallic poisoning in lead, phosphorus and aniline industries. The available data on the relation of alcohol to indus-

1. Boston M. & S. Jour., May 20, 1916, p. 744.

2. Am. J. Pub. Health, June, 1917, p. 558.

trial disease is enormous and bears but one interpretation.

As to the third classification of disease, it is becoming daily more evident that alcohol plays a prominent role in various degenerative processes and in defective heredity. Moral and mental degeneration are no less definite under its influence. To call alcoholism a symptom, and not a cause, is undoubtedly correct in many cases, yet the results in increase of disease are the same no matter what the explanation for the presence of alcohol. Here too must be noted that vicious circle in which alcohol can never be clearly established as cause or effect, namely, poor housing, poverty, high disease incidence, poor moral conditions, crime, alcoholism. It is beside the question and well-nigh impossible to establish alcohol as the root evil. Its common association under any etiology with these social vices is enough to condemn it.

Public health activity thus far has confined itself with singular persistence to infectious disease. At last, however, it is recognized that the function of preventive medicine is the prevention of all disease. Mortality rates can no longer be lowered with such breathless rapidity as attended the earlier campaigns against infectious diseases. We have not yet reached a perfect score, but yellow fever, plague, malaria, typhus, smallpox, typhoid, *ex grege*, are controllable. In the further significant reduction of mortality rates, we consider that constitutional and degenerative disease must be reduced by proper methods of prevention. If alcohol has the important primary and contributory relation to these diseases which scientific opinion assigns to it, then does alcohol become a paramount problem of public health.

The economic aspect of the case is of no small public health importance. Why should California in 1914 have the burden of imprisoning 2900 alcoholics in her county jails alone for an average period of twenty-two days? Why should there be near a thousand inebriates and drug habitues sent to the state insane hospital in a year, and of course the much larger number outside? Why should California bear the enormous cost of alcohol in industrial inefficiency, in care of defectives and sick due to alcohol, in imprisonment and policing made necessary by alcohol, in crime fostered by alcohol, and in disease induced and nurtured by alcohol, when proper consideration of the subject from the standpoint of the public health would lead to the abolition of alcohol?

It is the function of every board of health and health office to perpetuate those influences making for better public health and to attack aggressively those influences inimicable to the public health. Why should not the boards of health in California, from the state board to the health officer of the smallest community so fortunate as to have such an office, follow the example of the New York City board of health, and declare uncompromising war on alcohol in the interest of that public health they are subscribed to defend? In this connection attention is called to an excellent article by Professor Jaffa<sup>3</sup> in the monthly bulletin of the California State Board of Health on the

relation of alcoholic beverages to the national food problem. Why, above all, should not each individual physician feel within himself the obligation to make his really primary work the prevention of disease and as one part of this work, the eradication of alcohol as a beverage? Alcohol is doubtless a major public health problem in the world today. Why not face the facts and establish our convictions, if we have any?

#### EDITORIAL COMMENT.

We have thus far received no answer to the query last month under the caption, "Medical Women and the War," as to why women physicians should not receive the same rank and emolument for war service as men receive. In case the Government is unable or unwilling to utilize the proffered services of women physicians, the opportunity is not to be forgotten that presents itself in dispensary practice, laboratory, teaching, and various other public activities where men are released, or may be released, for active duty at the front, if only women can be secured to fill their positions. The same process is working out advantageously in other lines. Why should not the woman physician make possible a larger number of medical men with the fighting forces, by taking over their medical services at home?

Every reader of this and of most other journals of a like description is wearied beyond words by appeals to "support our advertisers." Here is another appeal, not in the form of an appeal, but in the likeness of a confident expectation that every reader of this JOURNAL has enough interest in it, his own property, to lead him to quote the JOURNAL to advertisers, and to trade with advertisers. The patronage of the medical profession is well worth while for any advertiser to cultivate. Advertising does get results in this JOURNAL. Why not make the fact more evident by calling attention to it? Why let advertisers complain that they are not receiving the expected patronage, when each reader has only to note the JOURNAL advertisements in ordering?

It will be the endeavor of the JOURNAL office to collect all news items of county interest and publish them in their appropriate column. However the size and interest of each county column will depend on the county associate editor primarily. If you are not satisfied with the space your county receives, or with the news ascribed to it, go after your county editor. If your county has no associate editor, elect or appoint one at once. We want news. If there is none to be had, the fault is not ours. But there is news of medical interest in every county. Send it in. See at the head of the editorial section who is your county editor, and send him news. And we shall be glad to receive letters on current topics if they are written to the point concisely and have something to say.

The Bureau of the Census announces that it will issue for the calendar year 1918 a monograph on tuberculosis mortality. It is requested that every physician, with this in view, pay special attention to his death reports from now on, specific-

3. July, 1917, p. 8.